



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DIVISION OF PROFESSIONAL REGULATION**  
**COMBATIVE SPORTS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**ASSOCIATION OF BOXING COMMISSIONS**  
**APPLICATION FOR MIXED MARTIAL ARTS NATIONAL IDENTIFICATION CARD**  
**INSTRUCTION SHEET**

**General Information**

To complete in Mixed Martial Arts (MMA) events, you must have a MMA National Identification Card issued by the Association of Boxing Commissions (ABC). ***You must apply for the ID card in the state where you reside.*** In Delaware, the Division of Professional Regulation (DPR) represents the ABC and processes these applications.

**Appointment**

To apply for the MMA ID card, you must make an appointment to meet with the DPR representative at the address above. To make an appointment, call or email:  
Megan Miller  
(302) 744-4522  
[megan.miller@state.de.us](mailto:megan.miller@state.de.us)

**Requirements**

You must bring *all* of the following items to your appointment:

- ☐ Completed and signed [application form](#).
- ☐ Non-refundable [processing fee](#) by check or money order made payable to "State of Delaware." Credit cards are also accepted.
- ☐ Two forms of identification, one of which must have a color photo. Examples of acceptable ID include:
  - Driver's license
  - State-issued ID
  - Passport
  - Social Security card
- ☐ Two color passport type photos

**YOU WILL RECEIVE YOUR ID CARD IN THE MAIL OR AT THE EVENT.**

**ATTACH TWO  
COLOR  
PASSPORT PHOTOS**



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**OFFICE USE ONLY**

ID # \_\_\_\_\_  
ISSUE DATE: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_

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Applicant Last Name		First Name		Middle Initial
Birth Date	Social Security Number			
Residence Street Address				
City		State	Zip Code	
Home Phone		Email Address		
Height	Weight	Hair Color	Eye Color	
Describe Birthmarks, Scars, Tattoos. If none, write "None"				
Years of Experience				

**TERMS AND CONDITIONS**

I, the applicant named above, certify that I have read and understand the following terms and conditions pertaining to my application for a national MMA ID card:

- I am applying for a national MMA ID card in the state where I reside and have submitted the required photos and forms of identification.
- I understand that a national MMA ID card will be issued only if this application is truthful, accurate, and complete.
- I understand that I am not allowed to compete without a national MMA ID card.
- I understand that the Association of Boxing Commissions (ABC) in cooperation with the issuing Delaware Division of Professional Regulation (DPR) will settle any and all disputes with regard to violations of these terms and conditions for the national MMA ID card and that the ABC's ruling is final and binding on all parties.
- I agree to abide not only o these terms and conditions and also any other terms and conditions or rules and regulations set forth by the ABC or Delaware DPR.
- I understand that the ABC reserves the right to amend the terms and conditions for issuing the national MMA ID card.

I further certify that all information given is my own and is true and correct to the best of my knowledge. I further understand and agree that any false statements, misstatements or incomplete information on this application will constitute grounds for denying or revoking a national MMA ID card and will subject me to a one-year suspension at the discretion of the ABC or Delaware DPR.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DPR Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, INCOMPLETE, OR NOT ACCOMPANIED BY THE REQUIRED PROCESSING FEE WILL BE REJECTED.**